STATE OF MARYLAND

DHMH

**Maryland Department of Health and Mental Hygiene**
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# July 16, 2010

# Public Health & Emergency Preparedness Bulletin: # 2010:27
# Reporting for the week ending 07/10/10 (MMWR Week #27)

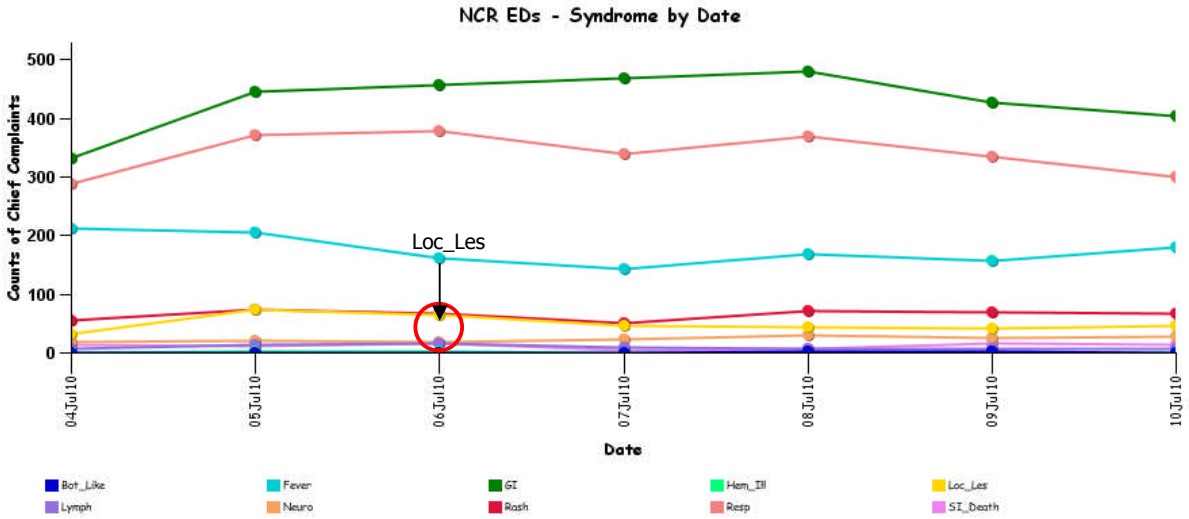
**CURRENT HOMELAND SECURITY THREAT LEVELS**

**National:** **Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)**
**Maryland:** **Yellow (ELEVATED)**

**SYNDROMIC SURVEILLANCE REPORTS**

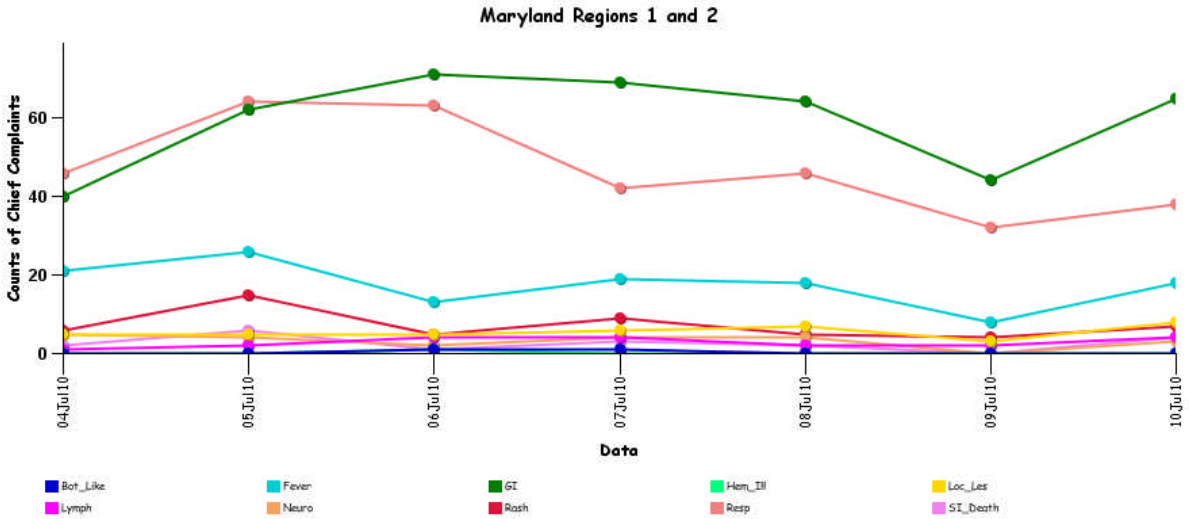
**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

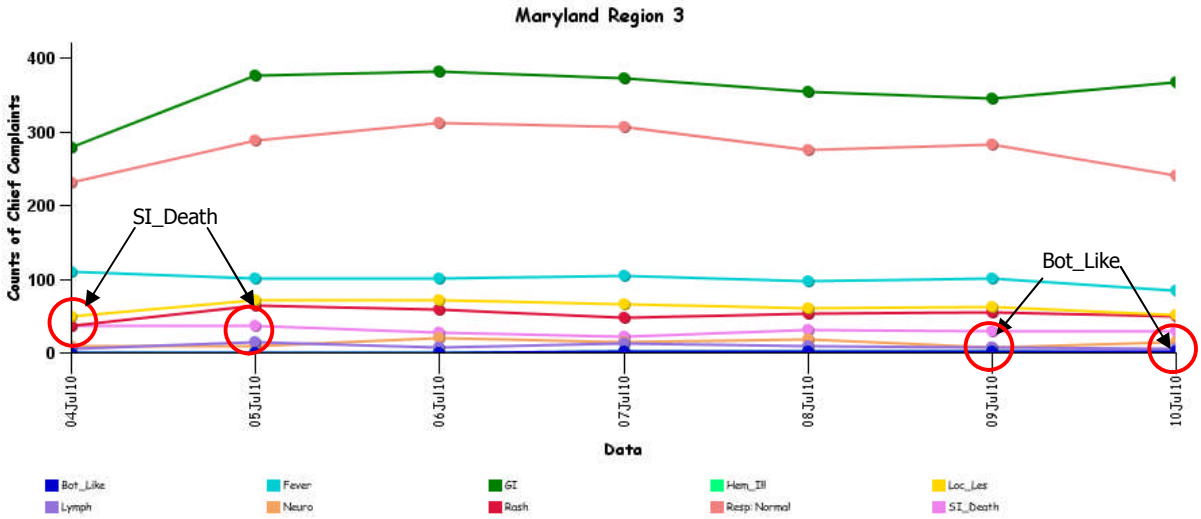



* Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

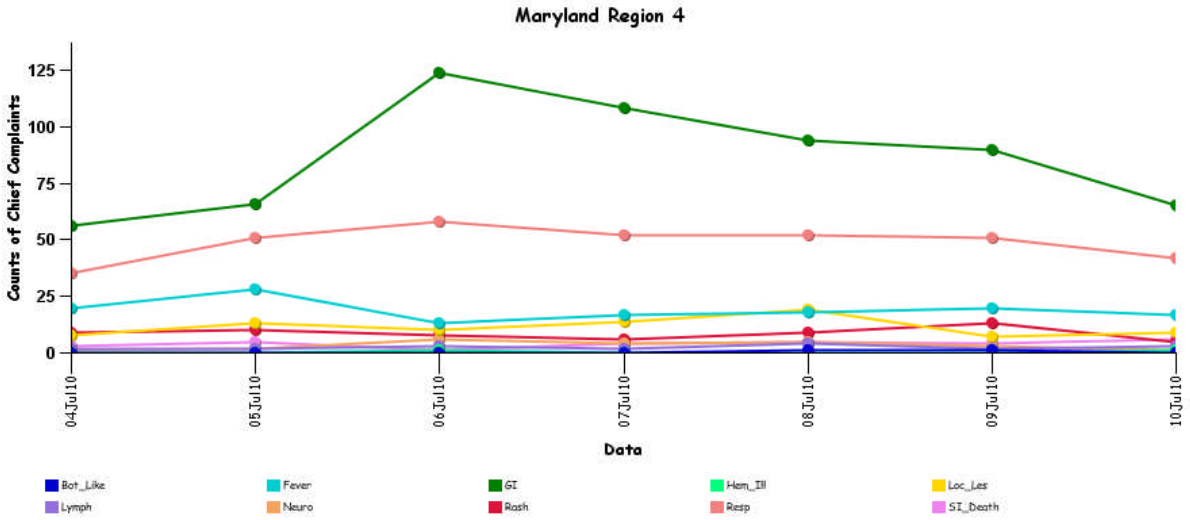
**MARYLAND ESSENCE:**



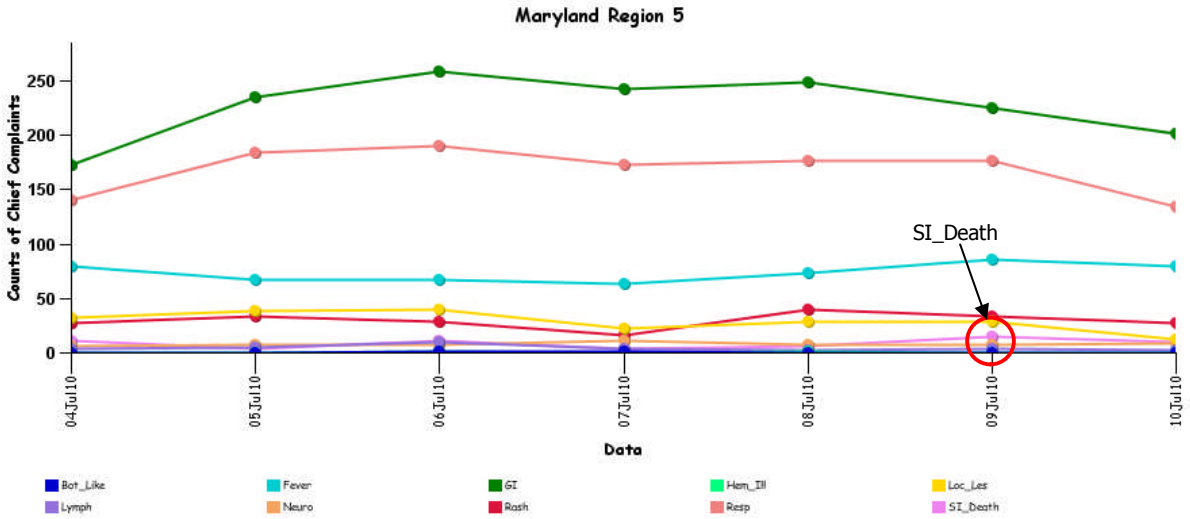

* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE




* Region 3 includes EDs in Anne Arundel, Baltimore city, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



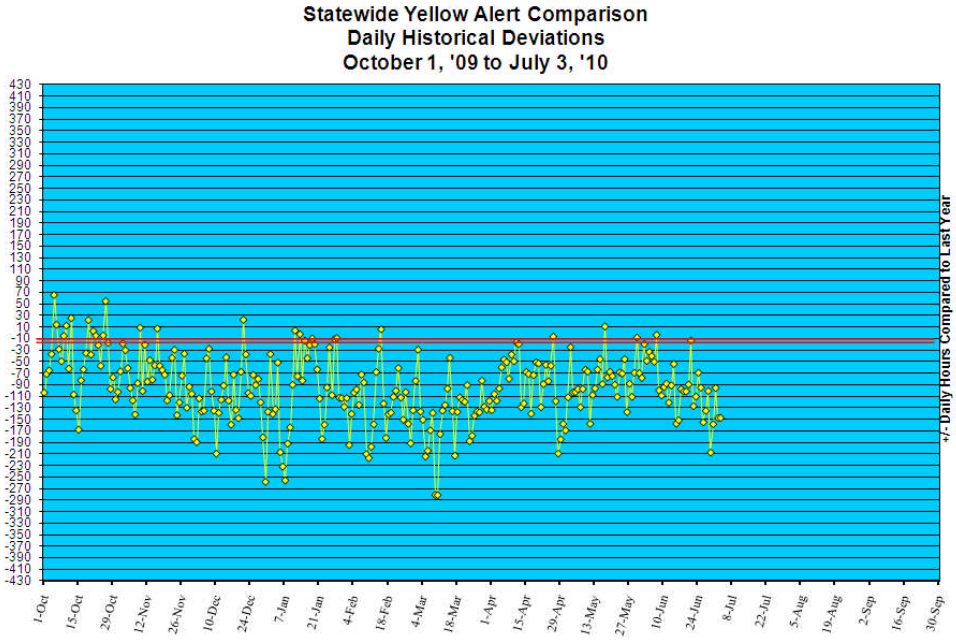

* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE




* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

**REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/09.




**REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

**MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in June 2010 did not identify any cases of possible public health threats.

**REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

**COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

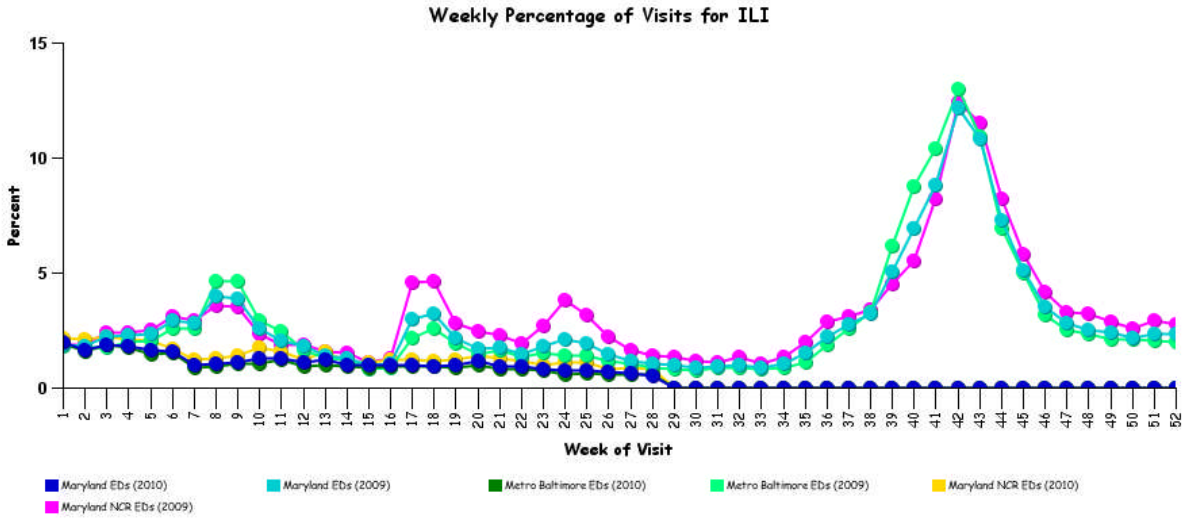
| **Meningitis:** | **Aseptic** | **Meningococcal** |
|---|---|---|
| New cases (July 04 - July 10, 2010): | 08 | 0 |
| Prior week (June 20 - June 26, 2010): | 15 | 0 |
| Week#27, 2009 (July 05 – July 11, 2010): | 25 | 0 |

**0 outbreaks were reported to DHMH during MMWR week 27 (July 4-July 10, 2010)**

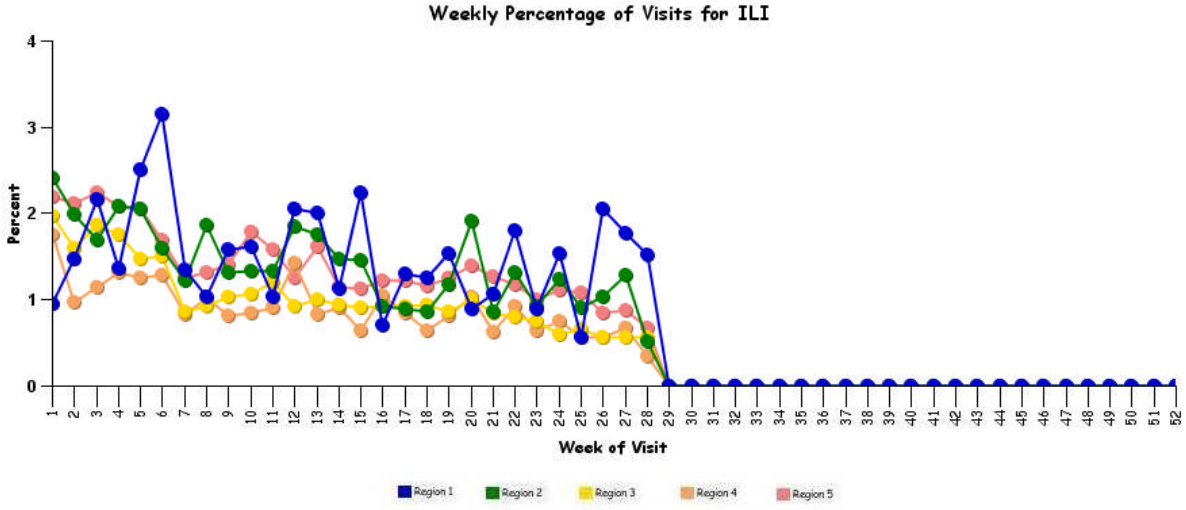
**SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS**

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



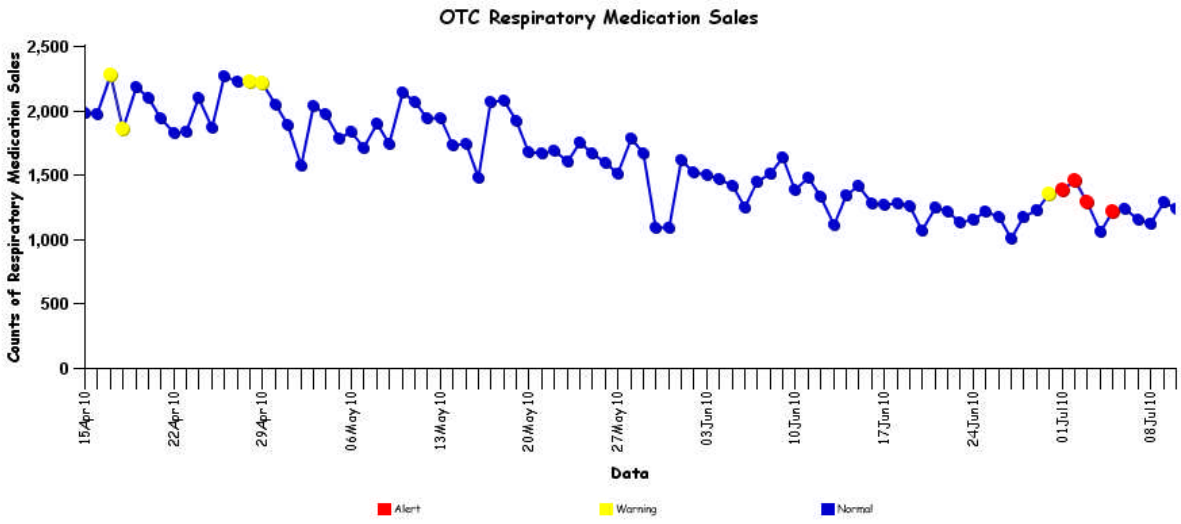

* Includes 2009 and 2010 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total




*Includes 2010 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

**OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:**

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.




**PANDEMIC INFLUENZA UPDATE:**

**WHO Pandemic Influenza Phase:** The current WHO Pandemic Influenza Phase is Phase 6.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short. Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.

**US Pandemic Influenza Stage:** Stage 0: New domestic animal outbreak in at-risk country

**More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:
http://bioterrorism.dhmh.state.md.us/Documents/Plans/PandemicInfluenzaResponseAnnex(Version7.3).pdf

**AVIAN INFLUENZA-RELATED REPORTS:**

**WHO update:** As of July 5, 2010, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 500, of which 296 have been fatal. Thus, the case fatality rate for human H5N1 is about 59%.

**AVIAN INFLUENZA, HUMAN (INDONESIA):** 05 July 2010, The Ministry of Health of Indonesia has announced a new case of human infection of H5N1 avian influenza. A 34-year-old female from South Jakarta District, DKI Jakarta Province developed symptoms on 25 May [2010], was hospitalized on 27 May and died on 1 Jun 2010. Laboratory tests were positive for H5N1 virus infection. The case was possibly infected from environmental exposure to manure in her plant nursery. Of the 166 cases confirmed to date in Indonesia, 137 have been fatal.

**H1N1 INFLUENZA (Swine Flu):**

**INFLUENZA PANDEMIC (H1N1) WORLD HEALTH ORGANISATION UPDATE:** 10 July, 2010, As of Sun 4 Jul 2010, worldwide more than 214 countries and overseas territories or communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including over 18,311 deaths. The WHO is actively monitoring the progress of the pandemic through frequent consultations with the WHO Regional Offices and Member States and through monitoring of multiple sources of information.

Worldwide, overall pandemic influenza activity remains low. Active circulation of pandemic influenza virus persists in areas of the

tropics, particularly in South and Southeast Asia, the Caribbean and West Africa. Overall pandemic and seasonal influenza activity has remained low during the early part of the current winter season in the temperate zone of the southern hemisphere. Low levels of seasonal influenza (H3N2 and type B) viruses were detected during June 2010 in South Africa, while Chile, Australia, and New Zealand, have all recently detected low levels of predominantly pandemic influenza virus. Increasing seasonal influenza activity has also recently been observed in several countries of Central America.

Although rates of respiratory disease have begun to increase in several countries of the temperate zone of the southern hemisphere, little pandemic or seasonal influenza activity has been seen so far during early part of the winter season. In South Africa, a sharp increase in the detection rate of influenza virus, primarily seasonal influenza H3N2 and type B, was observed during the later part of June and early July (> 40 percent of sentinel respiratory samples from patients with ILI [influenza-like illness] tested positive for influenza during the first week of July); however, levels of respiratory illness- related outpatient consultations and hospitalizations do not appear to be significantly elevated.

In Australia, slight increases in the rates of ILI have been reported
in recent weeks, however, the overall number of influenza virus detections (primarily pandemic H1N1 and seasonal H3N2) remain low. In New Zealand, rates of ILI have steadily increased over the month of June; however, only small numbers of predominantly pandemic influenza virus have been detected so far. In both Australia and New Zealand, current levels of ILI are similar to those observed during the same period in 2008, when the influenza season was noted to have arrived and peaked late in winter.

In Chile, overall levels of ILI remain very low; less than 5 percent of respiratory samples tested positive for influenza in late June 2010 (the majority were pandemic H1N1 virus with small numbers of seasonal influenza H3N2 and type B detected as well). In Argentina, overall levels of ILI remained low and below levels observed during the past 3 winter influenza seasons; only small numbers of seasonal influenza type B viruses have been detected during recent weeks. In both Chile and Argentina, RSV [respiratory syncytial virus] has been the predominant circulating respiratory virus since mid-April 2010.

In Asia, overall pandemic influenza activity remains low to sporadic, except in parts of India, Malaysia, and Singapore. In India, transmission of pandemic influenza virus remains active but stable in the southern state of Kerala; similar numbers of new, severe and fatal cases have been reported on a weekly basis since transmission first increased during mid-June 2010. Smaller increases in pandemic influenza virus circulation have also been observed since mid-June 2010 in other southern and western states of India. In Singapore, levels of ARI and pandemic influenza virus transmission declined during June 2010 after peaking in May 2010; the proportion of patients with ILI testing positive for pandemic influenza virus remained stable at 16 percent during the 1st week of July 2010.

Of note, substantial co-circulation of pandemic and seasonal influenza H3N2 viruses was detected in Singapore throughout May and June 2010. In Malaysia, declining numbers of new cases of pandemic influenza continued to be reported suggesting that overall pandemic influenza activity continued to decline substantially in June 2010 after peaking during mid-April to mid-May 2010. Very low level of seasonal influenza type B viruses continue to circulate across China, Hong Kong SAR (China), Chinese Taipei and the Republic of Korea.

In the tropical regions of the Americas, overall pandemic and seasonal influenza activity remained low, except in parts of Central America, where there has been recent active co-circulation of pandemic and seasonal H3N2 viruses. In Panama, a sharp increase in the circulation influenza A viruses (particularly H3N2, but also small numbers of pandemic H1N1) was reported over the month of June 2010; during the most recent reporting week, a high intensity of respiratory diseases and a moderate impact on health care services was reported.

In Nicaragua, recent active transmission of seasonal influenza H3N2 viruses, which began during late May 2010 and peaked during mid June 2010, appears to have largely subsided during recent weeks. In Colombia, a recent period of active pandemic influenza virus transmission, spanning mid-May to mid-June 2010, now appears to have largely subsided. Many countries in the region continue to report ongoing co-circulation of other respiratory viruses, most notably RSV.

In sub-Saharan Africa, the current situation is largely unchanged since the last update. Pandemic and seasonal influenza activity continues to be observed in several countries. Ghana, in West Africa, continues to have active circulation of pandemic influenza virus several months after activity peaked during early April 2010. Seasonal influenza type B viruses continue to circulate in parts of central and southern Africa, particularly in Cameroon. Small numbers of seasonal H3N2 viruses continue to be detected across Africa, particularly in eastern Africa; the most recent detections have been reported in Kenya and South Africa.

Overall, in the temperate regions of the northern hemisphere (North America and Europe), pandemic and seasonal influenza viruses have been detected only sporadically or at very low levels during the past month.

**Resources:**

http://www.cdc.gov/h1n1flu/

http://www.dhmh.maryland.gov/swineflu/

**NATIONAL DISEASE REPORTS**

**SALMANELLOSIS, UNPASTEURIZED MILK (UTAH):** 09 July 2010, On 29 Apr 2010, the Utah Department of Health (UDOH) was notified of 3 cases of Salmonella enterica serotype Newport infection. The patients recently had consumed unpasteurized milk purchased from a store in northern Utah (store A). In Utah, unpasteurized milk can be sold legally at licensed dairies or by licensed dairies at dairy-owned retail stores meeting specific requirements. A central Utah dairy licensed to sell unpasteurized milk (dairy A) owns and sells unpasteurized milk at store A and a 2nd northern Utah store (store B). By 3 May 2010, 3 additional patients with _S._ Newport infections had been reported; all recently had consumed unpasteurized milk purchased from store A. UDOH notified the Utah Department of Agriculture and Food (UDAF) of the suspected association between illness and unpasteurized milk consumption, and UDAF suspended sales of unpasteurized milk at the 2 stores on 3 May 2010. During 29 Apr through 3 Jun 2010, a total of 10 _S._ Newport cases were reported to UDOH; all 10 patients had consumed unpasteurized milk from store A (7 patients) or store B (3 patients). The patients ranged in age from 2 to 56 years (median: 21 years); 6 were female. One patient was hospitalized. Isolates from all 10 patients were identified as indistinguishable by two-enzyme pulsed-field gel electrophoresis (PFGE), with pattern combination UTJJPX01.098/UTJJPA26.009, and were sensitive to routinely used antibiotics. Cultures of frozen, unpasteurized milk samples stored at dairy A from batches of milk sold during the outbreak period yielded S. Newport isolates indistinguishable by PFGE from the outbreak strain. An inspection of dairy A on 7 May 2010, did not reveal any obvious sources of contamination. On 12 May 2010, on the basis of coliform test results within legal limits, the dairy was permitted to resume sales of unpasteurized milk. Ongoing testing includes monthly screening for Salmonella spp. in retail samples of unpasteurized milk. As of 21 Jun 2010, no additional cases had been reported to UDOH. Consumption of unpasteurized dairy products poses a risk for foodborne illness (2), and consumers of unpasteurized milk should be aware of this risk. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

**E. COLI O157, BISON MEAT, ALERT, RECALL (COLORADO, NEW YORK):** 09 July 2010, A Colorado company is recalling about 66 000 pounds [approx 30 tons] of ground and tenderized steak bison meat that may be contaminated with a potentially deadly strain of E. coli, according to the US Department of Agriculture's Food Safety and Inspection Service (FSIS). A total of 5 cases of E. coli O157:H7 illnesses in Colorado from 4 to 9 Jun 2010 are believed to be associated with the products, officials said Friday, 2 Jul 2010. [There is also a case reported in New York.] The meat was distributed to retail establishments nationwide and to food service distributors in Utah and Arizona. The products, produced between 21 and 27 May 2010, are being recalled by Rocky Mountain Natural Meats of Henderson, Colorado. Although the sell-by dates on the products have passed, the FSIS said some consumers might have frozen the meat before using it, "and there is concern that some product may still be frozen and in consumers' freezers." The recalled products include:
- 16-ounce packages of Great Range All Natural Ground Bison with a sell- or freeze-by date of 21, 22, or 24 Jun 2010.
- 16-ounce packages of Nature's Rancher Ground Buffalo with a sell- or freeze-by date of 22 Jun 2010.
- 16-ounce packages of The Buffalo Guys All Natural Ground Buffalo 90 Percent Lean with a lot number of 0147.
- 12-ounce packages of Great Range Brand All Natural Bison Steak Medallions with a sell- or freeze-by date of 23 and 24 Jun 2010.
- 12-ounce packages of Great Range Brand All Natural Bison Sirloin Steaks with a sell- or freeze-by date of 20, 23, and 24 Jun 2010.
- 15-pound boxes of Rocky Mountain Natural Meats Inc. Bison 10 oz. Sirloin Steaks, which went to restaurants and bear a Julian Code of 0141.
(Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

**BOTULISM, CANNED TUNA, RISK, RECALL:** 08 July 2010, On 1 Jul 2010, Tri-Union Seafoods announced a recall of Chicken of the Sea 12 ounce cans of solid white tuna packed in water, citing that a production error caused some issues with proper sealing. The FDA has specific guidelines on canned foods and the sealing process and the tuna recalled did not meet those standards. These products were distributed in 10 states including Wisconsin, Nebraska, Utah, Pennsylvania, New York, Maine, Colorado, Indiana, California and Oregon. The distribution dates were in February and May [2010]. The 12 ounce Chicken of the Sea solid white tuna packed in water has a upc code of 4800000262, "Best By Date 2/10/2014" and product code 7OA1E ASWAB, 7OA2E ASWAB, 7OA3E ASWAB, 7OA4E ASWAB, 7OA5E ASWAB, 7OAEE ASWAB, or 7OAFE ASWAB. The best by dates and product code numbers are imprinted on the bottom of the cans. No other Chicken of the Sea products are affected by this recall. There have been no reports of sickness identified with the consumption of this product. Canned food with loose seals can spoil quickly and has the potential to cause sickness. Although rare, botulism can sometimes be found in improperly sealed canned foods and according to an FDA fact sheet on botulism, canned fish has been identified as a food that is commonly contaminated. (Botulism is listed in Category A on the CDC list of Critical Biological Agents; Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents ) *Non-suspect case

**PLAGUE, GROUND SQUIRREL (CALIFORNIA):** 08 July 2010, Los Angeles County public health and US Forest Service officials have closed the Los Alamos Campground in the Angeles National Forest after a California ground squirrel captured 2 weeks ago tested positive for plague. The camp, between Gorman and Pyramid Lake, was closed Saturday afternoon [3 Jul 2010] and will remain closed for at least 10 days, said Jonathan Fielding, the county's public health director. Squirrel burrows in the area will be dusted for fleas, and further testing will be conducted before the campground is reopened. (Plague is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

**EASTERN EQUINE ENCEPHALITIS (FLORIDA):** 08 July 2010, A mosquito-borne disease advisory was issued Tue 6 Jul 2010 for all of Polk County, prompted by the recent deaths of 2 horses that tested positive for eastern equine encephalitis. The advisory urges special precautions to avoid exposure to mosquitoes, which can transmit the potentially deadly disease to humans. No human cases of EEE have been reported so far this year [2010] in Polk or anywhere else in the state, but the odds are getting better, health officials say, because of the wet weather, which promotes mosquito breeding. Horses are especially sensitive to the disease,

and owners are urged to get them vaccinated. According to the Florida Department of Health, a human vaccine is being developed but is not yet available. The 2 animals that contracted EEE in recent weeks were kept in rural sections of Lake Wales and Frostproof, said Polk Medical Director Daniel Haight. They either succumbed to the disease or had to be euthanized, he said. Other cases of horse infections have been reported in the Florida Panhandle in recent weeks. Cases of humans being infected with EEE are rare, with only 1 or 2 confirmed in Florida each year. The symptoms can be mild to severe, Haight said, and it's likely that some people carry the disease and don't know it. Just the same, he said, the Health Department works closely with emergency room physicians, so they're especially keen to look for symptoms of the disease once an advisory has been issued. "We know with all this rain we're getting, the numbers (of mosquitoes) are going to go back up," Haight said. Symptoms include sudden onset of fever, muscle pain, and headache. Symptoms can become more severe within 1 to 2 weeks of being infected and may lead to encephalitis, or swelling of the brain. Mosquito protection is the best defense. The Health Department suggests the following steps: avoid being outdoors at dusk and dawn; wear clothing that covers skin; use repellents that contain up to 30 percent DEET; rid your home and property of standing water; repair torn screens. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

**INTERNATIONAL DISEASE REPORTS**

**ANTHRAX, HUMAN, LIVESTOCK (MONGOLIA):** 09 July 2010, Mongolian authorities on Thursday [8 Jul 2010] confirmed that 3 herders have been infected with anthrax and that containment measures are already under way. All 3 cases happened in the Selenge province in northern Mongolia, where authorities have taken measures to quarantine and disinfect areas surrounding the herders' residences, the national emergency management authority said. A total of 7 other local residents were suspected of being infected with the usually fatal bacterial disease, which affects both animals and human beings, and have been sent to hospitals, the government said. It added that so far 6 cattle, 2 horses, one sheep and one goat have died due to anthrax infection, and some 5300 livestock in the region have been vaccinated. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

**ANTHRAX, HUMAN (CHINA):** 08 July 2010**,** Recently, anthrax outbreaks occurred in 2 villages within Huaide Township of Gongzhuling City. A total of 5 cases were confirmed, all of which were cutaneous anthrax. There were no new cases after 3 Jul 2010. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

**EASTERN EQUINE ENCEPHALITIS (PANAMA):** 07 July 2010, A new suspected case of equine encephalitis occurred on Tuesday [6 Jul 2010] at the Children's Hospital, which brings to 25 the number of cases. This case is a 6-year-old girl from Meteti, Darien. According to a report by the Ministry of Health [MoH], the health condition of the child is stable. Of the 25 suspected cases, 4 remain hospitalized, 20 were discharged, and one died. Samples taken from these patients were sent for analysis to the Gorgas Memorial Institute. The MoH reiterates that it is important that people experiencing any symptoms or signs such as fever, headache and bone pain, irritability (if the child is under one year), vomiting or diarrhea, contact their nearest health center for medical evaluation. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

**JAPANESE ENCHEPHALITIS AND OTHER (INDIA)**: 07 July 2010, An epidemic alert has been sounded in the state following reports of 3 fatal cases so far from suspected acute encephalitis syndrome (AES) in several parts of the state [Manipur]. As per official surveillance reports, more than 100 cases of suspected AES have been found mostly in the valley districts of the state. The patients with such syndrome have been admitted to RIMS [Regional Institute of Medical Sciences] and some other private hospitals. The official reports further revealed that 3 deaths were reported from Bishnupur, Khelakhong, and Mantripukhri. All of the victims were children below the age of one year. Blood samples of some infected persons have already been sent to advanced laboratory at Dibugarh (Assam) for the confirmation of Japanese encephalitis [JE] and more blood samples would also be sent to the National Institute of Communicable Diseases (NICD), New Delhi, stated the source. The official source further maintained that equipments for the diagnosis of Japanese encephalitis have already been installed at the JN Hospital, Porompat. However, at this crucial point of time the equipments are malfunctioning adding more hurdles to counter the suspected cases of acute encephalitis syndrome. The state health services and district vector borne diseases control societies have taken up necessary steps to counter the outbreak of suspected AES in the state. Fogging of malathion chemical was widely done in those areas where there are cases of such syndrome. Imphal East district vector borne diseases control society has already done fogging at Naorem Leikai, Uchekon Laikon, and Mantripukhri areas. Both urban and rural areas of the state have been widely fogged as a part of the emergency measures to counter outbreak of Japanese encephalitis which is carried by Culex mosquitoes. As a precautionary measure, the state vector borne diseases control society would take up mass vaccination program for Japanese encephalitis for children between 0-14 years of age within few months. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

**ANTRHAX, HUMAN, LIVESTOCK (INDIA):** 06 July 2010, At least 7 persons suffered from anthrax after they handled the meat of an affected bull at Domkol in Murshidabad district. A total of 8 cattle have died and several other livestock have been found to suffer from anthrax at Shibnagar village where the locals ate the meat of the affected bull, officials said. Deputy Director of Animal Husbandry Kamdeb Sardar said the disease spread to the villagers who handled the meat of the affected cattle. Infection occurred to them during handling of the affected meat as the anthrax bacteria came in contact with a cut or abrasion in the skin, he said. Officials have reached the area and the cattle and people were vaccinated of anthrax bacteria, Sardar said. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

**PLAGUE (MYANMAR):** 06 July 2010, An unspecified number of Yangon (previously called Rangoon) residents have been diagnosed with plague, a contagious disease primarily transmitted by rodents (mostly rats), according to the Burmese Ministry of

Health (MOH) in Naypyidaw. An epidemiologist at the MOH who asked to remain anonymous told The Irrawaddy that some people infected with plague were found in Yangon in June 2010 but all survived after treatment by the MOH. "It was the 1st time in decades that we found plague in Yangon," said the MOH official. The MOH has yet to make a public statement regarding the diagnosis of plague. The MOH and other ministries have developed and implemented a project to eradicate rats for the prevention of plague, according to a MOH official in Naypyidaw. "Rat eradication is secretly going on in different departments," he said. An official from the Yangon Municipal Committee said it had formed special task forces for rat eradication and has killed tens of thousands of rats on a daily basis. The MOH reportedly has determined through laboratory experiments that rats migrating to the south from Naypyidaw are carrying bacteria for contagious disease such as the plague, and it was developing a treatment program should the disease spread. A plague awareness program has started among government staff in Naypyidaw, according to a source. State-run newspapers recently warned that the plague can be transmitted to humans by fleas, but it failed to mention that the disease had already infected people in Yangon. An official with the Livestock Breeding and Veterinary Department (LBVD) said people who find rat corpses should take them to the nearest LBVD department for examination. (Plague is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

**TRICHINELLOSIS (MEXICO):** 05 July 2010, The manager of the analysis and food technology Laboratory at the School of Veterinary and Animal Science at the Universidad Autnoma Benito Juarez de Oaxaca (UABJO), Isabel Jimnez Seres, recommended that the general population cook their pork, after (discovering) a resurgence of trichinosis. The researcher said that this parasite, which can be fatal to humans, was believed extinct in Oaxaca, however, following an investigation, it has been detected in pig meat purchased in the Maihuatian de Porfirio Diaz market. Dr. Soledad Jimenez Janet Jimenez, in a thesis supported by the Hospital Siglo XXI, Mexican Institute of Social Security, reviewed the results of samples taken in different markets and could detect the presence of the parasite in the meat sold in these centers of commerce. The specialist said that health officials no longer believed that trichinosis existed in the state, but the discovery by the Veterinary School UABJO proved otherwise. Seres Jimenez reported that in Oaxaca, the largest animal product consumed is pork, so that health authorities should take action on the matter, and that they had been already notified of the outcome of the investigation. She commented that this parasite causes joint pains, while other (symptoms) are confused with symptoms of gastritis; there is no nausea and diarrhea, and, as it is believed that trichinosis no longer exists in Oaxaca, doctors have a hard time finding the right treatment to combat it. Unfortunately, stated Jimnez Seres, the parasite is detected accurately when people die, and therefore, she considers that the Ministry of Health should pay attention to the discovery that they made. She mentioned that there is no municipal (control) in Miahuatn, and this could be the main problem, because in Oaxaca, 90 percent of pigs are raised in backyards under low hygienic conditions. In this regard, she recommended that consumers cook pork to more than 72°C, while they would continue their research working with the health authorities. Trichinosis is a disease caused by eating undercooked meat containing cysts of the nematode, Trichinella spiralis, a parasite that can be found in meat such as pork, bear, fox, rat, horse and lion. Wild animals, especially carnivores or omnivores, are considered a possible source of roundworm disease. When a person eats meat from an infected animal, Trichinella cysts enter the intestines and grow into adult worms. The worms produce other worms that move through the intestinal wall into the bloodstream. These organisms tend to invade muscle tissues, including the heart and the diaphragm (the breathing muscle under the lungs), and can also affect the lungs and brain. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

**OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

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**NOTE**: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.


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